

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000000771

Entity Name: SHAHINIAN INSURANCE SERVICES, INC.**Current Principal Place of Business:**801 PARK CENTER DRIVE, SUITE 101
SANTA ANA, CA 92705**Current Mailing Address:**801 PARK CENTER DRIVE, SUITE 101
SANTA ANA, CA 92705**FEI Number:** 33-0788386**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**3H AGENT SERVICES, INC.
1415 PANTHER LANE
SUITE 327
NAPLES, FL 34109 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DIRECTOR, PRESIDENT, CFO, SECRETARY, TREASURER
Name	SHAHINIAN, LIZABETH
Address	801 PARK CENTER DRIVE, SUITE 101
City-State-Zip:	SANTA ANA CA 92705

Title	DIRECTOR
Name	SHAHINIAN, SANDRA
Address	801 PARK CENTER DRIVE, SUITE 101
City-State-Zip:	SANTA ANA CA 92705

Title	DIRECTOR, VP
Name	SHAHINIAN, LESLIE
Address	801 PARK CENTER DRIVE, SUITE 101
City-State-Zip:	SANTA ANA CA 92705

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LIZABETH SHAHINIAN**PRESIDENT****04/22/2019**

Electronic Signature of Signing Officer/Director Detail

Date